

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 08/19/2007		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 08/23/2007						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	ROBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	8800	65	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8505	31	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	101	135	34
		8599	2	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404904	WESTERN HIGHLAN DS LME	8654	36	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE				
		27	23	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB	0	123	5779	5656
		11	18	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404910	PATHWAYS	11	76	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		5308	72	PRIOR AUTHORIZED UNITS EXCEED D	3	306	4074	3768
		8536	58	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404912	CATAMBA COUNTYM ENTAL HEALT	8599	38	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8536	8	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	55	2305	2250
		79	7	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404913	MECKLENBURG COM ENTAL HEALT	8505	3409	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	383	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	3989	4224	235
		8599	64	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404916	CROSSROADS BEHA VIOAL HEAL	8537	86	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
		79	20	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	144	5204	5060
		191	13	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404917	CENTERPOINT HUM AN SERVICES	11	149	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	78	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	289	2412	2123
		79	24	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8505	4425	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	638	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	5189	6627	1438
		8599	79	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL L AREA MH D	21	527	DUPLICATE OF CLAIM-SYSTEM				
		8654	200	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE	3	962	4500	3538
		5404	51	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404921	ORANGE PERSON C HATHAM AREA	8599	60	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8536	54	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	229	3086	2857
		143	31	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404922	THE DURHAM CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	5	5
3404923	FIVE COUNTY MH	8505	195	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	55	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	326	1741	1415
		11	30	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	8681	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	495	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	19	9520	10299	779
		8599	82	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE G MENTAL HL	21	2865	DUPLICATE OF CLAIM-SYSTEM				
		8599	224	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	35	3524	5070	1546
		8536	89	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404927	CUMBERLAND CO M HC	11	103	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	84	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	235	1732	1497
		8800	35	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404930	JOHNSTON COUNTY MNTL HLTHC	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404931	WAKE CO HUM SVC BILLING OF	21	223	DUPLICATE OF CLAIM-SYSTEM				
		5308	128	PRIOR AUTHORIZED UNITS EXCEED D	2	444	3032	2588
		11	23	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404933	SOUTHEASTERN CT R FOR MH/DD	11	86	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8800	15	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	104	136	32
		8505	2	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404934	ONSLow CARTERET BEHAV HEAL	8599	63	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8952	55	CLAIM DENIED DUE TO AGE RESTRI CTIONS FOR TARGET POPULATION	0	250	1252	1002
		8535	35	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	THE BEACON CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	8933	12	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		191	7	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	12	33	2363	2330
		11	5	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404939	EAST CAROLINA B EHAVIORAL H	8534	586	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		8599	238	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1131	3934	2803
		120	237	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404941	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404942	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

PROVIDER		HIGH DENIAL	NUMBER OF			TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	PAID
3404943	ALBEMARLE MENTA	5404	18	SEVERE DUPLICATE: SAME ATTD PR			
	L HEALTH CE			OV/PCODE/TOS/DOS/MOD			
		8599	16	DETAIL NOT COVERED BY COMBINAT	4	90	1310
				ION OF RECIPIENT, PROVIDER AND			1220
				BENEFIT PACKAGE.			
		11	14	CLIENT NOT ELIGIBLE ON SERVICE			
				DATE			
3404944	EASTPOINTE HUMA	8533	42	SERVICE FACILITY LOCATION CANN			
	N SERVICES			OT BE AN ATTENDING PROVIDER			
				IDENTIFIED AS AN INDIVIDUAL.			
		8505	12	CLAIM DENIED DUE TO INSUFFICIE	2	59	931
				NT BUDGET			872
		79	3	THIS SERVICE IS NOT PAYABLE TO			
				YOUR SUBMITTED BILLING			
				PROVIDER TYPE AND SPECIALTY IN			
3404946	FOOTHILLS AREAM	8599	85	DETAIL NOT COVERED BY COMBINAT			
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND			
				BENEFIT PACKAGE.			
		191	24	CLIENT ID NUMBER DOES NOT MATC	0	118	466
				H PATIENT NAME			348
		21	5	DUPLICATE OF CLAIM-SYSTEM			